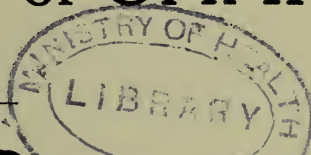


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BOROUGH of CHARD



Annual Report

OF THE

Medical Officer of Health

for the Year ended 31st December, 1953

PUBLIC HEALTH OFFICERS:

Medical Officer of Health:

A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:
P. P. FOX, M.B., Ch.B., D.P.H.

Sanitary Inspector:
P. H. WEBB, M.I.M. & C.E.

PUBLIC HEALTH COMMITTEE.

W. Summers (Chairman)
R. W. Long
E. Ashman
M. H. Collins
S. Adcock

F. E. Dare
R. W. M. Hocken
E. E. Huish
C. J. Rose

HOUSING COMMITTEE.

S. Adcock (Chairman)
R. W. Long
E. Ashman
M. H. Collins

Mrs. M. A. Bryer
E. E. Huish
R. W. Long II.
A. C. Reed

HEALTH VISITORS

E. G. Major, S.R.N., S.C.M., H.V.
G. E. Slocombe, S.R.N., S.C.M., H.V.
J. D. Ralston, S.R.N., S.C.M., H.V.

H. E. Parker, S.R.N., S.C.M., H.V.
Mrs. J. M. Pitt, S.R.N., S.C.M., H.V.

BOROUGH OF CHARD

Annual Report of the MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Chard.
Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my Report for 1953.

It was a satisfactory year. There was an increase in the Birth Rate and a slight decrease in the Death Rate. The social circumstances of the people in the Town have probably never been better. Apart from Measles very few infectious diseases were notified.

The Health Services were maintained at a high standard, but the public response to the Diphtheria Campaign was disappointing. A very much higher percentage of the child population should be immunized than at present if the threat of a potential outbreak of Diphtheria is to be removed.

I am pleased to be able to report that a temporary solution to the problem of water shortage had been reached by the end of the year.

I think the difficulties the Council Housing Committee have to contend with in connection with licensed caravan sites should be realized by the townspeople. I also think that in these days of increased aid for house purchase people would be wiser to invest their money in buying a permanent unit of housing accommodation, rather than buy a caravan which has a limited life as a permanent residence.

The standard of hygiene in food handling has improved considerably in the last few years. However, there is still room for improvement in some homes. Some of the shops selling food in Chard have taken advantage of the relaxation in restrictions to improve their methods of displaying food. They no longer leave the food exposed to the air, to be coughed over by possible intending customers. However, there are still many shops who pay scant attention to such elementary principles of hygiene. In the interests of their own family's health housewives should show their distaste of such outmoded methods by only dealing at shops where they know their food has received the most careful and hygienic handling before purchase.

I wish to record my thanks to Mr. Webb for his help in compiling this report and for the courtesy shown me by the Council throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

A. M. McCALL,
Medical Officer of Health.

SECTION A

Statistics and Social Conditions of the Area

Population

The Registrar General estimates the mid-year population for Chard as 5,354. This shows a slight increase on the previous year. The number of houses increase each year and a gradual small increase in population can be anticipated during the next 10 years.

In Appendix A, Table 1 are shown the General Statistics of the Town.

Birth Rate.

The Birth Rate for the year was 16.6

per thousand, an increase on the figure of 13.6 for 1952. When the comparability factor is taken into account the figure of 17.9 is well above the corresponding figure of 15.5 for England and Wales as a whole. Reference to Appendix A, Table 2 shows the full details.

Death Rate.

The Death Rate was 11.0 per thousand, slightly lower than last year. When the comparability factor is allowed for, the figure of 9.57 compares favourably with 11.4 for England and Wales as a whole. The causes of death are listed in Appendix A, Table 3. Once again more people died from Heart Disease than any other condi-

tion. Cancer is the next highest on the list.

Infant Mortality.

I am pleased to be able to report that there were no infant deaths during the year. There was one stillbirth, an illegitimate child.

Social Conditions.

The social services remained unchanged and unemployment at a low figure throughout the year.

The social circumstances of the vast majority of persons resident in Chard has undoubtedly improved in recent years. Most are well nourished and well dressed. Head lice and scabies, both preventable diseases and indications of a poor standard of living, are rarely met with these days. I have not seen a case of the latter disease among the schoolchildren for some years. In fact the residents of Chard reflect an air of good health and prosperity, with which the Town should be well satisfied.

I would like to call attention to the very successful Old People's Club which meets every Wednesday in the Town. It is organised by the Chard Friendly Circle and has a membership of about 70. The average weekly attendance is 60 and undoubtedly this organisation has given a great deal of happiness to the many aged residents of Chard. Not only have the Committee organised the Chard activities but went to a neighbouring Town and helped to form a similar organisation which is now benefiting from the experience gained here. We should congratulate Mrs. Chaffey and her Committee for the splendid work they did during the year.

SECTION B.

General Provision of Health Services in the Area

There was no change in the Health Services of the Area during 1953. The administration worked smoothly and there were no major difficulties. The County Council as local Health Authority defines policy and local duties are left to the Area Medical Officer. It is my constant endeavour to increase the services available to the residents of the Town, and I am pleased to be able to report that by the end of the year arrangements were completed for the erection of a Welfare Clinic in Chard on a site made available by the Borough Council. Immediately this Clinic comes into use I will be in a position to ask the County Council to provide other services, for which the children of Chard

at present have to travel considerable distances.

Care of Mothers and Young Children

Infant Welfare Clinic

This Clinic is held twice a month throughout the year at the Recreation Club, and I am very pleased to be able to report a small but definite improvement in the number of persons attending in 1953.

The health of the children was good and the Mothers obviously maintain a high standard of hygiene for their children. Where any defects are discovered by the Clinic Doctor the child is put down for observation and seen at regular intervals. If the condition requires treatment the child is referred to the private practitioner who arranges any specialist consultation which is necessary. Our thanks are due to Mrs. Daniel and her Committee for the able way in which they have conducted the Chard Infant Welfare Clinic, and to the District Nurses who make every effort to encourage Mothers to make full use of the Clinic.

Ante-Natal Care.

No Ante-Natal Clinic was held but the Doctors and District Nurses visited all expectant Mothers whether for home or hospital confinement. The Mothers may also visit the Doctor's Surgery if they so wish. The Mothers who are for admission to Musgrove Park Hospital also attend the Clinic held at the hospital.

Domiciliary Midwifery.

The District Nurses continued to attend expectant and nursing Mothers in their homes with the private practitioner supervising the cases. There was an increase in home confinements, in 1953 the figure being 48, as compared with 37 for the previous year. I think this is undoubtedly due to the better housing in the Town, and the Council should derive from this practical proof of the success of their progressive housing policy.

Health Visiting.

The District Nurses carry out the health visiting duties. This entails attendances at all school medical inspections, the follow up of all defects noted and the visiting and supervision of any special cases. In addition there is a Tuberculosis Health Visitor working in the Town. She attends the outpatients sessions at the Sanatorium and is in constant contact with the Area Chest Physician. She is assiduous in her following up of all Tubercular contacts, particularly children, and in this way any cases where housing or home conditions

may be a contributory factor in the cause of the Disease, she is able to inform the Public Health Department immediately. I am pleased to say the Council have recognized their responsibility in this direction, and the co-operation between the Council as Housing Authority and the Area Chest Physician, has been most satisfactory.

Home Nursing.

The District Nurses visit the homes to carry out any nursing duties required by the general practitioners. This is time consuming work which often passes unnoticed except by the patients. It requires considerable devotion to duty and our thanks are due to the Nurses who have contrived to carry out such a large volume of work during the year. They made 9,504 visits during 1953.

Immunisation.

Despite the fact that the District Nurses and Doctors have continued to stress the importance of having as many children as possible immunised against Diphtheria, the percentage of the total number of children under 2 years who completed the course of primary immunisation between January 1st and December 31st, 1953, was 51%. This compares unfavourably with the figure of 57% for the County of Somerset and is well below the figure of 75% which is needed to ensure that the child population can be regarded as protected from a potential outbreak. Two factors are mainly responsible for this possibly dangerous position. First, the very success of the campaign over the last 12 years has produced a state of indifference among a large number of parents to whom Diphtheria is merely a name with no memories. The second factor is the interference each summer with the immunisation campaign due to the incidence of Polio. Parents should cease to be complacent in the matter of Diphtheria. Before the war 267 cases used to occur every year and if the present tendency continues, then outbreaks of Diphtheria are bound to occur.

Vaccination.

The Public Health Department continued to stress the value of vaccination, but still the number vaccinated in the Borough during the year was most unsatisfactory, and the total number of 39 for the whole year is quite out of proportion to the population of the Town.

Home Help Service.

The Home Help Service organized by the County Council is available in the Area, but very largely dependent on the number of persons willing to undertake such work.

More Home Helps are required in this district.

School Medical Service.

Under the present system school children are given a full medical inspection on entering school at the age of 5 years, on transfer from the Junior to the Senior Schools, and in the last six months of school life. Any defect discovered at these examinations is noted. If ordinary medical treatment is required the case is referred to the general practitioner. If specialist opinion is required the general practitioner's consent is first obtained, and then the case referred to the appropriate department of the hospital, mentioning the name of the practitioner. The specialist's report on the case is sent direct to him with a copy to the School Medical Officer. In this way every effort is made to secure closer co-operation between the School Medical Service and the National Medical Organisation.

During the year I visited all the Primary Schools and paid two visits to the Secondary Modern School. Full details of these inspections will be found in Appendix B. Table IV.

In addition to the normal physical inspection of children I am the Medical Officer for the area approved by the Ministry of Education for the ascertainment of educationally sub-normal pupils. When a child fails to make normal progress in school and appears to be two or more years behind average attainment I make a special mental examination with a view to getting an exact idea of their Intelligence Quotient. Following this examination I can advise the Education Committee on the best method of dealing with the child, be it by special methods in the present school, in a special school or in extreme cases they may be found to be ineducable. These reports are considered by a special education sub-committee who then finally decide where a child shall be placed so that it can gain most value from the educational system.

School Dental Service.

I regret I am still unable to report that there is a Dental Surgeon appointed to cover the Schools in the Town.

Orthopaedic Service.

Orthopaedic Clinics are held at Taunton and any children requiring attention are seen there by appointment. Copies of the specialist's report are forwarded to the School Medical Officer and he is thus able to ensure that any special requirements are carried out in school as well as in the home.

Ophthalmic Service.

I, as School Medical Officer, examine the eyes of all school children and refer all defects to the ophthalmic specialist who holds clinics at Taunton Hospital. Once a defect has been found to exist the child is seen at regular intervals throughout its school life. If glasses are worn these are checked to see that they are suitable, and in serviceable condition.

Epileptics and Spastics.

Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out Electro-Encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a school child to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

Any spastic children in the area are examined and if the defect is not too great they are allowed to attend the normal school. If necessary they are recommended for a place in a special school. After reaching school leaving age they can be sent to St. Loyes, Exeter, for special training to enable the child to become self-supporting.

Blind Persons.

There are 12 registered blind persons in the Borough and 1 partially sighted. Appendix B, Table V, shows the details of the follow-up of registered blind and partially sighted persons who were reported during 1953.

Ambulance Service.

This service is provided by the County Council on week days, and is covered from the Taunton Ambulance Control. However, all night calls and service on Sunday is provided by the Chard Ambulance under the administration of Divisional Superintendent E. F. Brooks. Details of the use made of this can be seen in Appendix B, Table VI.

Our thanks are due to Superintendent Brooks and his colleagues in the St. John Ambulance Brigade for the public service they carry out for the residents of Chard.

National Assistance Act.

Two cases were investigated during the year and I was able to bring about an improvement in the standard of living without having to apply to the Court for an Order of Removal.

Children and Young Persons Act.

One case of parental neglect was brought before the Court during the year and prosecution proved successful. I continued to examine large numbers of children for fitness for employment during the times prescribed by the County Bye-Laws. These Bye-Laws cover the hours and type of work which children attending school may perform.

SECTION C

Prevalence and Control Over Infectious Diseases and Other Diseases.

During the year there was a small outbreak of Measles, but apart from this only 25 cases of infectious diseases were notified. These included 11 cases of Tuberculosis, 2 of which were non-respiratory.

The Mass Radiography Unit visited the Town in January and 1,103 persons attended for X-ray. This is the highest total to date. Reference to the details in Appendix C, Table II shows that 9 active cases were discovered and 15 inactive lesions noted. In addition a number of Non-Tubercular conditions were discovered. A separate report is given this time of school children X-rayed and of a total of 71, 1 active and 1 inactive case was discovered, and 1 case of a typical Pneumonia.

We greatly appreciate the service of this Unit and I endeavour to get them to visit us annually. Owing to their heavy commitments, however, there is sometimes an interval of up to 18 months. I would like to thank Col. F. K. L. Sandbach, the local Territorial Army Commander, for his kindness in allowing the Unit to use the Drill Hall during their visits to the Town.

Active Prevention of Tuberculosis.

That a reliable vaccine is the most effective means of bringing disease due to micro-organisms under control is now one of the truisms of preventive medicine. Small-pox, typhoid fever and diphtheria are classical examples of how much can be achieved in this way. Tuberculosis has long seemed to be a disease which should lend itself to similar control, and indeed it was as long ago as 1908 that B.C.G. vaccine—so called after its discoverers Calmette and Guérin—was introduced. Largely because of uncritical appraisal of the results, this vaccine fell into disfavour and it was not until many years later, mainly as a result of carefully controlled investigations by Scandinavian workers, that its potentialities for good were convincingly demonstrated.

In 1949 official permission was finally given for the use of B.C.G. vaccine in this country. In the first instance it was offered to nurses and medical staff in hospital and at the discrimination of chest physicians, to the close home contacts of Tuberculous cases. A further step has now been taken. The Minister of Health has informed Local Health Authorities (e.g. the County Council), that he is prepared to approve schemes for giving B.C.G. vaccine to children before leaving school. This is a decision which will be widely welcomed and is no doubt receiving careful consideration by the Somerset County Council.

SECTION D

Environmental Health Services.

A—Sanitary Circumstances.

Climatic Conditions.

The rainfall was about average for the early part of the year, but later there was a long period of dry weather and this benefited the community as a whole.

Water Supply.

The quality of the water was satisfactory throughout the year, but shortages were experienced from time to time. In my Report last year I drew attention to this problem which has been giving rise to concern ever since the war. Serious shortages occurred in 1946 and 1949, and the Council have been considering the augmentation of the Chard water supply since 1946. Several alternative supplies have been suggested. These include Stowell Mead, Tatworth, Wambrook, Burridge and Cranway. Each has been investigated and due to one reason or another none has proved to be entirely satisfactory. It was decided early in the year to consider sinking a bore hole near the existing well in Great Crow Close. Finally, this proposal was submitted to the Ministry. Numerous delays ensued culminating in the untimely death of the Consulting Engineer, and there was a considerable time lapse before his successor could take up the work. At the end of the year the Council were negotiating with the Rural District for the purchase of water from the Combe St. Nicholas source, in order to obviate any serious shortage before a permanent scheme could come into operation.

For some time it has been known that there was a connection between the amount of Fluorine occurring in a water supply and the amount of dental decay occurring in the area supplied. If there is an op-

timum amount present the dental trouble occurring in children is far less than in areas with an inadequate amount of Fluorine in the water. With this knowledge certain towns in America have been artificially adding Fluorine to their water and it has had markedly beneficial effects. The incidence of dental decay has been found to be markedly less.

The British Dental Association are of the opinion that the time has come to turn away from costly and ineffective methods of restoring and replacing diseased teeth and to throw full emphasis on a national campaign to PREVENT dental decay.

The International Dentists' Congress held in July, 1953, resolved that to prevent dental decay "It is the duty of Public Health Authorities in every civilized community to find out whether their drinking water contains sufficient Fluorine and, if not, to investigate the possibilities of adding Fluorine artificially.

The Ministry of Health appointed a small mission to visit the U.S.A. in 1952 and they reported in 1953. They recommended that the artificial addition of Fluorine to water supplies in this country should be considered. However, they suggested certain investigations as being desirable before the general adoption of Fluoridation. The Ministry of Health are at present conducting pilot experiments to assess the value of Fluoridation in this country.

The Chard Borough water supply has been analysed and found to contain too little Fluorine and will probably require some addition when Ministerial approval is given to the general Fluoridation of water supplies.

Drainage and Sewage.

The Town's Sewage Disposal Works are of very modern design and are in excellent working order. The effluent is of extremely high standard, and probably one of the best in Somerset. The proposal to extend the sewer to the Holbear district has not yet materialized.

Camping Site.

There are two licensed sites in the Town where the maximum number of caravans allowed is eight per acre. There was an estimated number of seventy persons living in these caravans. The Council originally decided to licence two sites with a view to stopping indiscriminate siting of caravans throughout the Town. It was felt that the interests of the caravaners and the Town would be best served if they were grouped on one or two sites where a good

standard of hygiene could be maintained. It is now becoming obvious that where a Council licences a site for caravans there is an immediate influx of dwellers from various outlying districts who very shortly after taking up residence, consider the local Council has a duty to provide them with some permanent unit of housing accommodation. Quite oblivious of the urgent needs of many permanent residents they are insistent that their need is greatest. Often their living conditions are most unsatisfactory for young children and they suffer hardship, particularly in the winter time. In the interests of the children the Council have been obliged to rehouse many of these caravan dwellers. I think any Council contemplating the licensing of a permanent caravan site should realize that they are at the same time adding a permanent number of applicants to their housing list. If they are licensing the site for permanent as opposed to seasonal occupation, then they should demand that only the type of caravan containing heating and cooking facilities, should be permitted there.

Public Cleansing.

Weekly removal of refuse is carried out by direct labour, one Karrier refuse lorry being used. A second collection is made at the Hospital, Schools, and Institutions, etc. No special scheme is in operation for the collection of trade refuse. Paper collection, which was proving unremunerative, was discontinued.

Rodent Destruction.

Routine enquiries, inspections and treatments were carried out by the Council's Rodent Operator throughout the year. The latest methods of pest extermination have been used with great success, and I am pleased to say that no heavy infestations were reported.

Swimming Bath.

There is one privately owned Swimming Bath in the Town. It is not fitted with a filtration plant and chlorination is by hand. Samples of the water were submitted for examination from time to time. The question of a Public Swimming Bath in Chard has been considered on several occasions since the war, and in 1953 the suggestion of converting the Corn Exchange into a covered Swimming Bath which could be used as a Dance Hall in the winter time, was considered. Expert opinion thought the building was not suitable for such purpose, and the scheme was not proceeded with. Undoubtedly there is a need for a Public Swimming Bath in Chard, but so far the high cost of construction has prevented any scheme from coming to fruition.

Factories Act.

Details will be found in Appendix D, Table II. I called attention in my last Report to the need for the incorporation of an Industrial Health Service within the framework of the National Health Service. I regret to say that there is no sign of such a scheme at the moment. People spend about one quarter of their lives at their place of work, and very frequently it is in this environment that they contract their various ailments which affect their productive capacity. Until they are under medical supervision in their place of work, there will always be a large gap in our comprehensive medical scheme.

B—Housing.

The Council completed 69 permanent houses during the year, and another 7 were built by private enterprise. In addition 31 others were in the course of erection. Details of the present position of the Council's housing requirements will be found in Appendix D, Table III. I am pleased to note that there is a fall in the total number of applicants for Council houses as compared with the year before. The Council Housing Committee have worked indefatigably throughout the year and have probably met more frequently for longer periods than any other. Despite adverse comments from dissatisfied applicants I am convinced that no Council gives more consideration, or is fairer in its allocation of houses than Chard Borough Council.

C—Inspection and Supervision of Food.

Milk.

There are two registered distributors and eight registered dairy premises in the Borough. In addition supplementary licences were issued to three distributors whose dairies are outside the area. I am pleased to say that all schools in the Town are now supplied with efficiently pasteurised milk.

Ice Cream.

One licence was issued for the manufacture and retail of ice cream, and ten for the sale of the pre-packed product. Samples were taken from time to time, and all conformed to the required standard. Appendix D, Table IV gives the details.

Meat.

One licensed slaughterhouse was operating in the district, and your Sanitary Inspector carried out regular inspection of all animals slaughtered there. Details of his inspection can be found in Appendix D, Table V.

The Council adopted Bye-Laws under Section 15 of the Food and Drugs Act, 1938, and they came into operation on the 5th June, 1951. These Bye-Laws relate to the correct handling and sale of food. When as happened last year, a large number of children at a school or the public frequenting a cafe, suffer from food poisoning, an investigation is made; yet there are many people every year who consume in their own homes meals prepared with unwashed hands. Meat, wholesome when bought, is often allowed to deteriorate in the larder. Many of those who subsequently suffer from food poisoning make little effort to avoid a repetition of the same

risks. The Food and Drugs Amendment Bill, or as it is popularly called "The Clean Food Bill" at present before Parliament, has as its general purpose a tightening up of the regulations affecting the sale and preparation of food, and the protection of the customer against injurious ingredients, misleading descriptions, and contamination of food before it is eaten. One of the by-products which should result is a greater consciousness among ordinary people, of the desirability of greater care at home. The voluntary acceptance of high standards at home and when shopping, could make outbreaks of food poisoning as rare as outbreaks of diphtheria.

APPENDIX A—TABLE 1

Registrar General's estimate of population mid 1953	5,354
Area	1,030 acres
Number of inhabited houses at the end of 1953 according to the Rate Book	1,670
Rateable Value	£32,748
Sum represented by a penny rate	£136

APPENDIX A—TABLE 2

BIRTH RATE:		M	F
Live Births:	Total	42	47
	Legitimate	39	43
	Illegitimate	3	4
Still Births:	Total	1	—
	Legitimate	—	—
	Illegitimate	1	—
Deaths of Infants under 1 year:	Total	—	—
Deaths of Infants under 4 weeks:	Total	—	—
Birth Rate: 16.6 per thousand.		Comparability Factor: 1.08.	

APPENDIX A—TABLE 3

TABLE OF DEATHS:		Total	M	F
Death Rate: 11.0 per thousand.		69	37	32
Causes of Death:		Comparability Factor: .87.		
		Total	M	F
Heart and Circulation.				
Coronary Thrombosis		8	6	2
Other Heart Disease		12	8	4
High Blood Pressure		3	2	1
Vascular Lesions of Nervous System		6	4	2
Cancer. Site				
Stomach		2	—	2
Breast		1	—	1
Uterus		1	—	1
All others		6	3	3
Respiratory Tuberculosis		1	1	—
Pneumonia		1	1	—
Bronchitis		3	2	1
Influenza		4	2	2
Venereal Disease		1	1	—
Nephritis		1	—	1
Motor Accidents		1	1	—
All other Accidents		2	2	—
Suicide		1	—	1
Other Ill Defined Causes		15	4	11

APPENDIX B—TABLE 1

CHARD CHILD WELFARE CENTRE

1. Number of children who first attended during the year and who at their first attendance were under 1 year of age.....	69
2. Number of children who attended during the year who were born in: (a) 1953 53 (b) 1952 51 (c) 1951/48 49	
3. Total attendances during the year made by children who at the date of attendance were: (a) under 1 year of age	542
(b) over 1 year but under 2 years	158
(c) over 2 years but under 5 years	114
(d) total attendances during the year made by Mothers	685
4. Number of individual Mothers who attended during the year	128
5. (a) Total number of sessions held: (i) with Medical Officer	21
(ii) other sessions	2
(b) Number of children examined by Doctor	110
(c) Total number of medical consultations	234
Immunisations	61
Vaccinations	26

APPENDIX B—TABLE 2.

DIPHTHERIA IMMUNISATION

Number of children who completed a full course of primary immunisation during 1953:					
Age Groups	Under 1.	1 to 4.	5 to 14.	15 or over	Totals
	28	10	0	0	38

APPENDIX B—TABLE 3.

VACCINATIONS.

Age Groups	Under 1		1 to 4.		5 to 14.		15 or over.		Totals	
	P	R	P	R	P	R	P	R	P	R
	30	—	3	—	—	—	1	5	34	5
P—Primary Vaccination.					R—Re-Vaccination.					

APPENDIX B—TABLE 4.

Name of School	No. on Roll.	No. In-spected.	No. Im-munised.	Date of Inspection	Children having milk.	Children having dinners.
Chard Infants'	167	131	—	25.2.53	95.81%	50.89%
	169	112	—	17.11.53	97.63%	57.39%
Chard Junior	311	166	—	11.11.53	80.38%	49.19%
Chard	305	66	—	29.6.53	49.18%	21.31%
Secondary	374	117	—	9.12.53	44.41%	24.86%
Modern						

APPENDIX B—TABLE 5.

FOLLOW UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cataract.	Glaucoma.	Retro: Fibro:	Others.
(i) Number of cases registered during the year in respect of which para. 7 (c) of forms B.D.8 recommends:—				
(a) No treatment	1	1	Nil	1
(b) Treatment, (medical, surgical or optical)	1	1	Nil	2
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:—	1	1	Nil	2

APPENDIX B—TABLE 6.

AMBULANCE SERVICE

Mileage: 2,306.	Patients conveyed: 83.
Patients conveyed classified as follows:—	
Accident: 17.	Emergency removals: 65.
Non-emergency removals: 1.	

APPENDIX C—TABLE 1

Infectious Diseases

Measles	63
Whooping Cough	5
Scarlet Fever	2
Poliomyelitis	3
Pneumonia	2
Erysipelas	1
Puerperal Pyrexia	3

Under Analysis of Cases Notified. Age Un-
1yr. 1-2 2-3 3-4 4-5 5-10 10-15 15-20 20-35 35-45 45-65 65+ known

Measles	2	7	5	11	6	31	1						
Whooping Cough...				1		4							
Scarlet Fever						2							
Poliomyelitis		1				1		1					
Pneumonia										1		1	
Erysipelas										1			
Puerperal Pyrexia								1	2				

Tuberculosis

Age Group	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M	F	M	F	M	F	M	F
-1 ...	—	—	—	—				
1-5 ...	—	—	—	—				
5-15 ...	1	—	—	2				
15-25 ...	1	1	—	—				
25-35 ...	3	1	—	—				
35-45 ...	—	—	—	—				
45-55 ...	1	—	—	—				
55-65 ...	1	—	—	—				
65+ ...	—	—	—	—				
Totals...	7	2		2				

APPENDIX C—TABLE 2

Mass Radiography

Report of Survey in Chard, January, 1953.

		Male	Female	Total
Miniature films	Total	698	405	1103
Large Films	Total Recalled	54	14	68
	Did not attend	4	—	4
	Normal	18	6	24
	Significant	31	8	39
	Under Observation ...	1	—	1

Tuberculous Conditions		Disposal					
Active		M	F	Total	N.A.	Dr.	Disp. San.
Primary Lesion							
Post-Primary unilateral		4	1	5			4 1
Post-primary bilateral		3	1	4			4
Tuberculous Pleural effusion							
Total		7	2	9			8 1
Inactive							
Primary Lesion		6	1	7	4	1	2
Post-Primary Lesion		6	2	8	4		4
Total		12	3	15	8	1	6

N.A.=No action.

Dr.=Patient's own doctor.

Disp.=Under observation at Dispensary.
San.=Sanatorium treatment required.

Analysis of Tuberculous Cases.

Active Tuberculosis	Under 15	15-24	25-34	35-44	45-59	60+	Total
Male			1		6		7
Female	1		1				2
Total	1		2		6		9
Inactive Tuberculosis	Under 15	15-24	25-34	35-44	45-59	60+	Total
Male	1		5	1	4	1	12
Female		2	1				3
Total	1	2	6	1	4	1	15

Non-Tuberculous Conditions:	Male	Female	Total
Bony Abnormality	2	1	3
Azygos Lobe	1		1
Old Fractured Ribs		1	1
Bronchitis & Emphysema	2		2
Atypical Pneumonia	1		1
Bronchiectasis	3		3
Pneumoconiosis	1		1
Retro-sternal Thyroid	1		1
Lobectomy	1		1
Hiatus Hernia		1	1
Healed Primary Lesion with eventration of Diaphragm	1		1
Total	13	3	16

APPENDIX D—TABLE 1

Water Supply

Piped Supplies—results of samples taken for analysis:

Raw Water				Treated after going into supply			
Bacteriological		Chemical		Bacteriological		Chemical	
Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
—	—	1	—	12	—	1	—
Water Supplies from public mains:				By means of Standpipes			
Direct to the Houses		Population		No. of Dwellinghouses		Population	
1,660		5,311		10		33	

APPENDIX D—TABLE 2.

Factories Act, 1937

Inspections for the purpose of provisions as to Health
(Including Inspections made by the Sanitary Inspector)

Premises	No. on Register	Inspec- tions	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	37	16	1	—
Factories not included in (1) in which Section 7 is enforced by the Local Authority	24	9	2	—
TOTAL	61	25	3	—
Cases in which defects were found				3
Cases in which defects found were remedied				3

APPENDIX D—TABLE 3

Housing.

	Houses erected during the year		Houses in course of erection	Conversion to flats or dwellings		Temporary such as Army huts, etc.	
	Perm.	Temp.	Permanent	Perm.	Temp.	Perm.	Temp.
Local Authority	69	—	24	—	—	—	—
Private Enterprise ...	7	—	7	—	—	—	—
Totals	76	—	31	—	—	—	—

Inclusive of those above built during the year.

Total number of houses in District 1,670

Total number of houses owned by Local Authority 445

No. of Post-War Houses erected to
31st December, 1953.

Programme for 1954.

By Local Authority	By Private Enterprise	By Local Authority	By Private Enterprise
286	55	60	Unknown

(a) No. of unfit houses in the District but on which no formal action has been taken	64
(b) No. of houses that have been condemned under the Housing Acts as totally unfit	43
(c) No. of houses occupied under (a)	60
(d) No. of houses occupied under (b)	25
(e) No. of houses found overcrowded	13

Houses required

(i) To replace those unfit under (a)	60
(ii) To replace those unfit under (b)	25
(iii) To overcome unsatisfactory conditions, e.g.: two families living in same house but not included in (i) or (ii)	69
(iv) To abate overcrowding	13
Total number of applicants for Council Houses at the end of the year...	266
Grants made under the Housing Act, 1949	Nil

APPENDIX D—TABLE 4.

ICE CREAM.

No. of premises registered for :—

(a) Manufacture and retail	1
(b) Manufacture only	—
(c) Retail only	10

No. of samples taken :—

	Hot Mix	Cold Mix
Grade 1	5	1
„ 2	3	—
„ 3	2	—
„ 4	—	—

APPENDIX D—TABLE 5.

Meat

Total number of animals slaughtered during the year	8,276
Approximate weight of meat condemned in lbs.:	
For Tuberculosis	3,988
Other	4,122

